## FACSIMILE COVER SHEET

GENTAL FAX CIA:....

OCT 1 3 2004

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October 13, 2004

TO: Examiner Holleran (TC1600)

**GROUP:** 1642

**FAX NUMBER: 703-872-9307** 

ATTORNEY DOCKET NO.: DEX-0188

SERIAL NO.: 09/806,301

FILED: July 27, 2001

NUMBER OF PAGES: 10

MESSAGE: Attached please find Amendment Transmittal Letter; Reply to Advisory Action mailed September 29, 2004 and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!

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CERTIFICATE OF TR Applicant(s): Roberto A. Ma		Docket No. DEX-0188					
Application No. 09/806,301	Filing Date July 27, 2001	Examiner Holleran, Anne	, <b>L</b> .	Group Art Unit 1642			
Invention: A Novel Method and Prostatic Ca	d of Diagnosing, Monitoring,	Staging and Treating Gy	necological				
		RECEIVED Central fax center					
			OCT 1	3 2004			
I hereby certify that this _		Reply to Advisory Act					
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is being facsimile transmitte	ed to the United States Paten	ь апо ттацептагк Опісе	\ι αλ. Ι <b>Υ</b> Οι <u>΄</u>				
On October 13, 20	904						
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		Kathle	een A. Tyrre	11			
	· •	(Typed or Printed Name  Athlew	c of Person Sign	ing Certificate) USS			
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	Note: Each paper must h	ave its own certificate of ma	iling.				
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AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Roberto Macina						Docket No. DEX-0188				
Application No. 09/806,301	Filing Date July 27, 2001	Examiner Holleran, Anne L.		Customer No 32800	s. G	iroup Art Unit 1642	Confirmation No. 8552			
Invention: A Novel Method of Diagnosing, Monitoring, Staging and Treating Gynecological and Prostate Cancers										
property and the second se										
COMMISSIONER FOR PATENTS: CENTRAL FAX CENTER										
Transmitted herewith is an amendment in the above-identified application.  OCT 1 3 2004  The fee has been calculated and is transmitted as shown below.										
The fee has been	calculated and is trans	CLAIMS AS AM		<del></del> D						
	CLAIMS REMAINING	HIGHEST #	1	BER EXTRA S PRESENT		RATE	ADDITIONAL FEE			
TOTAL CLAIMS	AFTER AMENDMENT  15 -	20 =	CLAIM		х	\$18.00	\$0.00			
INDEP. CLAIMS	1 -	3 =		0	x	\$86.00	\$0.00			
	nt Claims (check if app	licable)	L				\$0.00			
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00										
Please charge Deposit Account No. in the amount of										
				Signature of Person Mailing Correspondence						
CC: Typed or Printed Name of Person Mailing Correspondence										
P11LARGE/REV08										